

10/5711,841 27 JUN 2005

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/511,841
Filing Date	10/19/2004
First Named Inventor	LEE et al.
Title	MethodsAnalysis
Art Unit	
Examiner Name	
Attorney Docket Number	14859NP

I her	eby revoke a	II previo	ous powers of attorney give	ven in the a	bove-ic	ientified applic	ation.	
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Practitioners associated with the Customer Number: 000293								
	Practitioner(s) r	named be	elow:					
: 			Name			Registrat	ion Numb	per
	Ralph A. Dowe	ell				26	5868	
	Brian G. Kingw					39	9482	
	Wendy M. Slad	de				53	3604	· .
as my/ Trade	/our attorney(s)	or agent( nected th	(s) to prosecute the application in erewith.	identified above	e, and to	transact all busine	ess in the	United States Patent and
	Please recognize or change the correspondence address for the above-identified application to:							
lacksquare	Firm or Individual	Name	Ralph A. Dowell of DOWELL &	& DOWELL, P.(	3.			<u> </u>
	Address		Suite 406, 2111 Eisenhower A	venue				
	City		Alexandria		State	VA		Zip   22314
	Country		US					
I <u>am</u> th	Telephone he:		703 415 2555		Fax	703 415 2559		
	Applicant/Inve	ecord of t	the entire interest. See 37 CFR ( FR 3.73(b) is enclosed. (Form P	3.71. PTO/SB/96)		·		
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Signatu Name		V -	J. S. KW				Date	18/1/05
	nd Company	Jeremy S	3. LEE				elephone	1966-4371
NOTE: S		ne inventor	rs or assignees of record of the entire	e interest or their	represent	tative(s) are required	I. Submit m	nultiple forms if more than one
	*Total of <u>4</u>	DEROW .	forms are submitted.				-	

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Ralph A. Dowe					26	5868	
Brian G. Kingv	<u> </u>				39	9482	
Wendy M. Slad	de				53	3604	
as my/our attorney(s) Trademark Office con	or agent(	(s) to prosecute the application in the rewith.	identified above	e, and to	transact all busine	ess in the	United States Patent and
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OR Firm or	s associa	ited with Customer Number:				] 	
Firm or Individual	l Name	Ralph A. Dowell of DOWELL &	& DOWELL, P.(	C.			
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		SIGNATURE of A		ssignee	of Record		
Signature	18	All				Date	18.h. 05
Name Title and Company	Shawn D	D. WETTIG /			Tr	elephone	1306 966 6348
	he inventor	rs or assignees of record of the entire	re interest or their	ronresen.	tother(a) are required		
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			Name			Regist	ration Num	ber	-	
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	Brian G. Kingv	well					39482			
	Wendy M. Sla	de					53604			<del></del>
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<ul><li>✓</li><li>✓</li></ul>	The address OR	s associa	e correspondence address for the ded with the above-mentioned C ted with Customer Number:  Ralph A. Dowell of DOWELL 8 Suite 406, 2111 Eisenhower A	ustomer Numb	per:	lication to:				
	City									
	City		Alexandria US		State	VA		Zip	22314	
	Telephone		703 415 2555		Fax	703 415 2559	<del></del>		·	•
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Signate Name	ure	Hu	w lay "C				Date	V	dan	18 605
	nd Company	Heinz-Be	ernhard KRAATZ				Telephone	V	945	4660
		ne inventor	s or assignees of record of the entire	interest or their	represent	ative(s) are requir	ed. Suhmit ~	nultinle	forme if m	ore than one
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I hereby appoint:						
Practitioners associated v	with the Customer Number:		. 000293			
Practitioner(s) named belo	ow:					
	Name	<u> </u>	Registr	ration Numb	er	<del></del>
Ralph A. Dowell				26868		<del></del> i
Brian G. Kingwell				39482		
Wendy M. Slade				53604	•	
as my/our attorney(s) or agent(s Trademark Office connected the	) to prosecute the application ide rewith.	entified above, a	nd to transact all bus	iness in the	United	States Patent and
The address associate OR Firm or Individual Name	d with the above-mentioned Cust and with Customer Number:  Ralph A. Dowell of DOWELL & D  Suite 406, 2111 Eisenhower Ave	DOWELL, P.C.				
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	US		late VA		Zip 2	22314
	703 415 2555	Fa	703 415 2559			
Applicant/Inventor.  Assignee of record of the Statement under 37 CF	ne entire interest. See 37 CFR 3.7 R 3.73(b) is enclosed. (Form PTC	71. O/SB/96)	-			
	SIGNATURE of App		nee of Record		<del>-</del>	^
Signature Name Title and Company University	Douglas of Saskathewan Technologies,	. 911 6111		Date Telephone	130	Jan 18,20c.
NOTE: Signatures of all the inventors signature is required, see below*.	· · · · · · · · · · · · · · · · · · ·		esentative(s) are requi	red. Submit m	ultiple fo	rms if more than one
Z	orms are submitted.					